

Alexander F. Linser, Chair  
Alex M. Triantafilou  
Charles H. Gerhardt III  
Joseph L. Mallory  
  
Sherry L. Poland, Director  
Raquel D. Burgos, Deputy Director

**Board of Elections**  
HAMILTON COUNTY OHIO



4700 Smith Road  
Cincinnati, OH 45212  
Main Office Number 513 946-8500  
Fax 513 946-8560 or 513-946-8565  
VoteHamiltonCountyOhio.gov

Thank you for your interest in participating in the **DEVOTED TO SERVICE** program, a partnership between the Hamilton County Board of Elections (Board) and local nonprofit organizations to recruit poll workers and raise money through service on Election Day.

Through the program, volunteers and patrons that sign up to work at a polling location this May will donate their Election Day pay to a qualifying organization as a charitable contribution. The base pay for a poll worker in Hamilton County is \$225.00 for each election worked; 5 poll workers could raise \$1,125.00 for their organization!

Who can join? To qualify to work the polls, interested participants must:

- Be a registered voter in Hamilton County
- Be a United States citizen
- Be able to speak, read, and write fluently in the English language
- Be comfortable using electronic technology
- NOT be a candidate for any office to be voted on at the polling place at that election
- NOT be a convicted felon

Interested organizations, or those receiving donated pay, **must be registered as a Hamilton County Vendor**. This informational packet contains:

1. Organizational Enrollment form – provides the Board with contact information on your organization
2. Payment Designation form – affirms the poll worker is donating their pay to a qualifying organization
3. Vendor Registration form – for nonprofit organizations not yet Hamilton County vendors
4. Signup sheet for volunteers who pledge to participate

Please call or email if you have any questions about the program. We are looking forward to a successful partnership with your nonprofit organization!

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## Organization Enrollment Form

### **Organization Name Here:**

Contact Person:

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Contact Person 2:

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ (organization name) agrees to participate in the recruitment of its volunteers to work as poll workers for the Hamilton County Board of Elections. These volunteers agree to donate their Election Day pay to \_\_\_\_\_ (organization name).

Volunteers agree and understand that they must fulfill all requirements and duties of being a poll worker in order for their designated organization to receive full compensation. Failure to attend training, failure to work the entirety of Election Day, and failure to complete the Payment Designation Form, are all disqualifying.

**If you have any questions, please contact Kyle Dallman: 513-946-8505, [kyle.dallman@boe.hamiltoncountyohio.gov](mailto:kyle.dallman@boe.hamiltoncountyohio.gov), or Olivia Jacob: 513-946-8504, [olivia.jacob@boe.hamiltoncountyohio.gov](mailto:olivia.jacob@boe.hamiltoncountyohio.gov), thank you!**

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## Payment Designation Form

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Requirements:

- Registered to vote in Hamilton County, or at least 17 years old **and** a high school student
- Be a United States citizen
- Be able to speak, read, and write fluently in the English language
- Be comfortable using electronic technology
- NOT be a candidate for any office to be voted on at the polling place at that election
- NOT be a convicted felon

### Participation includes:

- Attending a 4-hour training session (many dates and times offered)
- Monday Night set-up the day before the election from 6:30 pm – 8:30 pm
- Working on Tuesday, Election Day from 5:30 am – about 9:00 pm
- Earn \$225.00 base pay for attending Training, Monday Night set-up, and Tuesday Election Day

I hereby designate my Election Day poll worker pay from the Hamilton County Board of Elections to be paid directly to: \_\_\_\_\_. I understand that I will not receive any individual compensation for working as a poll worker.

PEO (\$225.00)

VLD (\$245.00)

VLM (\$275.00)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

VENDOR NUMBER \_\_\_\_\_  
Entry Date \_\_\_\_\_ Initial \_\_\_\_\_  
(County Use Only)

Jessica E. Miranda  
HAMILTON COUNTY AUDITOR



HAMILTON COUNTY AUDITOR'S OFFICE  
138 E. Court St., Cincinnati, OH 45202  
www.HamiltonCountyAuditor.org

**VENDOR REGISTRATION FORM (Substitute Form W-9)**

**PLEASE SUBMIT THIS FORM TO THE HAMILTON COUNTY AGENCY WITH WHICH BUSINESS WILL BE CONDUCTED**

Additional instructions provided on page 2

**Vendor Information (Please print): Name and taxpayer ID as it appears on the vendor's federal income tax return:**  
Name/FEIN reported to IRS listed on EIN Assignment Letter (business) or Name/SSN listed on Social Security Card (individual)  
Name (Business or Individual): \_\_\_\_\_  
Federal Taxpayer ID Number (FEIN or SSN): \_\_\_\_\_  
DBA – Business Name/disregarded entity name (if different from above): \_\_\_\_\_

**Primary Mailing Address and Contact Information:**  
Street/PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Contact Email: \_\_\_\_\_ Fax#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Remittance and Billing Information (if different from mailing address or contact information above):**  
Street/PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Billing Contact Name: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Billing Contact Email: \_\_\_\_\_ Fax#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Federal Tax Classification Vendor of:  Agency: Enter type (S=State, F= Federal) \_\_\_\_\_  
 Local Government  County Employee  
 Corporation  Partnership  Proprietor  Self  
 Other - Please explain: \_\_\_\_\_  
 Independent Contractor - OPERS Reportable  
Specify Job Title of Independent Contractor: \_\_\_\_\_

Small Business?  Yes  No

Under penalties of perjury, I certify that I am exempt from backup withholding and/or FATCA reporting, and that the information shown on this form is correct to my knowledge. I am a U.S. citizen or other U.S. person as defined in IRS Form W-9 instructions.

Name/Title (if applicable) of person completing form: \_\_\_\_\_

Handwritten (non-typed) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR COUNTY USE ONLY**  
Approved as Hamilton County Authorized Vendor  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Dept. No.: \_\_\_\_\_ Date: \_\_\_\_\_

## VENDOR REGISTRATION FORM/SUBSTITUTE W-9 INSTRUCTIONS

### 1. VENDOR INFORMATION

PRINT CLEARLY the name (business or individual) and taxpayer ID number (FEIN or Social Security Number) as it appears on the vendor's federal income tax return:

- For business: name/FEIN reported to IRS listed on the EIN Assignment Letter
- For individual: name/SSN listed on individual's Social Security card

Authorization as a Hamilton County vendor requires verification that this information matches Internal Revenue Service (IRS) records prior to processing payment to the vendor.

### 2. PRIMARY, REMITTANCE, BILLING ADDRESSES AND CONTACT INFORMATION

Complete primary mailing address and contact information to be used for correspondence and/or should general follow-up be necessary. The primary mailing address will be used for remittance and billing unless otherwise provided. Provide remittance and billing address and contact information, if applicable.

### 3. FEDERAL TAX CLASSIFICATION

Select the appropriate federal tax designation to assist us with processing annual IRS reporting, if applicable. We collect small business designation for informational purposes only.

### 4. VENDOR CERTIFICATION

Certification of the statement included on the form is required to meet IRS substitute form W-9 requirements.

**A handwritten, non-typed signature is required. Forms submitted with typed or electronic signature will not be processed.**

### 5. GENERAL INFORMATION

Submit completed form to the Hamilton County agency with which business will be conducted per their instructions. We will accept an original handwritten (non-typed) signed form or an emailed scan of a signed form.

**Forms submitted with typed or electronic signature will not be approved.**

Payment will be processed via check. Once authorized, vendors may apply to receive payment via EFT/direct deposit. Use the **Authorization Agreement for EFT/Direct Deposit of Vendor Payment** to apply for payment via direct deposit.

Please direct inquiries to the Hamilton County agency with which business will be conducted. Vendor registration approval requires 5-7 business days after receipt of completed IRS verified form.